V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	197
1. PLACE OF DEATH	Parietration Dist No. 20	2
Village or City 6 Extestoure	Registration Dist. No.	
(16	NO. St., death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
Length of residence in the yor town where death occurred	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Julya Jane Gura	If H.S. Veteran specify WAR.	
(a) Residence: No. Legge (Usual place of abode)	Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day)	(Year)
HUSBAND of John Eugene Curnel.		ased from
6. DATE OF PARTH (month, day, and year) Ules 12. 1851	I last saw her elive on Nec 23 , 1936; de	ath is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at 8.150 m.	
0 9 4 7 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which	Ehrone myomeration, 19	734
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Sauce f	Other Contributory Causes of importance:	
(State or county) Nelastrace	Enlocarple 1	737
13. NAME Lames Sketch 14. BIRTHPLACE (city or town) James	netral Rering.	
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of country)	What test confirmed diagnosis? Was there en eu'op:	sy?
15. MAIDEN NAME Plensy 1. Wallen 16. BIRTHPLACE (city or town) Affecting (State of country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT Sha Gugane Currel (Addys)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAN, CREMATION, OR REMOVAL Place LLL Transport Date 2/30, 1936	Menner of injury	
19. UNDERTAKER Calps It flaillity (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED Dec 29, 1936 W.J. Tricks	(Signed) Transfell Smith	M.D.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arlerioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . A 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	. Every	SICIANS	atement	
	RECORI	PHYS	Exact st	
	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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	NK-T1	should	it may	Jook ac
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	AINLY,	d be can	DEATH	in more important Can inchance on hear of continuato
	TE PL	lnoys	E OF	-

ARGIN RESERVED FOR BINDING

plnoy County_ Length of residence In city or town where death occurred____ (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 3. SEX 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE OUR 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month end year) spant in this occupation ___4 Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation. 14. BIRTHPLACE (city or town) (Stata or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) --(State or country) Where did injury occur?___ 17. INFORMANT SALVIO (Addrass) 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury mation CAUS1 Nature of Injury. TION If so, specify (Signed) Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______vrs.____mos.. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attanded deceased from to have occurred on the data stated abova, at____ The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset What test confirmed diagnosis?_____ Was there an autopsy?__ 23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide? ______ Date of injury ______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? (Address)

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year 5
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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item of	pluods	of occ		
KD. Every	YSICIANS	statement		
RECO	7. PH	Exact		
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	4)	
IS A PE	stated F	properly	ertificate	
IIS	be s	pe 1	of c	
NK-T	plnods	it may	n back	
ING	AGE	o that	tions o	
UNFAD	upplied.	terms, s	e instruc	
WITH	efully s	in plain	ant. Se	
MY,	be car	ATH	mport	
PLAI	plnoy	OF DE	very i	
WRITE	mation sl	CAUSE	IION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

12699

1. PLACE OF DEATH	(107-0)
County//ent	Registration Dist. No. 202
Village or City 309 Samue St.	Noces Israelorus St., Wa
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Shirty Arm Brown	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Occ. 17 (Month) (Day) (Year)
Re. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY. That I attended deceased fr
DATE OF BIRTH (month, day, and yeer) Deces 20 1936	I last saw here alive on alive 17, 1984; death is s
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dete stated above, at 2.1.5. m. The PRINCIPAL CAUSE OF DEATH and Delated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Bencho-Cheumonia Date olon
kind of work done, es SPINNER, SAWYER, BODKKEFER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) 309 Cannon St. (State or country) Chestulian Ind.	Other Contributory Canses of Importance:
13. NAME John Brown 14. BIRTHPLACE (city or town) Susfalk,	
14. BIRTHPLACE (city or town). Musfally.	Neme of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Clin allh Brown Grand Country C	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Chialith Brown (Address) Churchilan med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Piece Date Alec 19, 19 3 C	Manner of injury
19. UNDERTAKER Hangs Williams (Address) Chiefulm Incl.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Klee 19, 1936 N.J. Hucker Registrar.	(Signed) 329 Camical Af

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	12700
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1. PLACE OF DEATH	92:0
County /Leus	Registration Dist. No. 202
F./	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U.S. Veteran specify WAR.
(a) Residence; No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mattha Ruyess 6. DATE OF BIRTH (month, day, and year)	22. I DEREBY CERTIFY, That I attended deceased from 19 to 19, 19 1 last saw h A and Sales and Deceased from to have occurred on the date stated above, at 3 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Colored for the date of the
(State or country) Constructed the The Surgess 13. NAME And The Burgess 14. BIRPHPLACE (city or town) further with the Country further with the country of	Name of operation. What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or coun'ry) 17. INFORMANT Marker Burgers (Address) 18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER Marin L. Williams (Address) Chief when Such. 20. FILED Alee 21, 1936 Registrar.	Nature of Injury 24. Was disease or injury In any way related to ocodopation of deceased? If so, specify (Signed Jacket Linelly Lineary M. E. (Address) Chichestagon 904

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Man Man
County I Lens	Registration Dist. No.
Village or City Still Fond	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Hilliam	olo If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	hler 21, 1936
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
June Man W 1926	70 719 110 110 11 11 11 11 11 11 11 11 11 11 1
6. DATE OF BIRTH (month, day, and year)	I last saw has elive of the said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
6. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
	Hudreepheles Jose
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	e squire acce
11. Total time (years) this occupation (month end	
year) occupetion	Other Coatributory Causes of Importance;
12. BIRTHPLACE (city or town) Still Some	Const Constant of Importance,
(State or country)	
13. NAME Color Color Color North	
Z 14. BIRTHPLACE (city or town) Colemans Cor North	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Hattle Starling 16. BIRTHPLACE (city or town) Colemans Morlow (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Colemans Norton	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Julium Colo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
Place Democration of REMOVAL Place Democratic Date Dec 23, 19.3 (Menner of injury
1100	THOUSE OF HIJERS
19. UNDERTAKER BRICE RELLOWS	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Still Coul will.	If so, specify
20. FILEO Registrar.	(Signed) (Address) allestulation
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

10701

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis IAN 4 1951	1921	Run over by street car	1 week ago.
Cerebral hemorrhage	July 5, 1927	Peritonitis (3 days ago
2		1.	
Other contributory causes of importance:	Estado.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Control of the second s			

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	M
TAN TO TAN TANK	DI ZXULZ	TOTE	T. O. LOT WYTER	DIVITINITIALD	DI		ALL A

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	-CERTIFICATE OF DEATH 12702
1. PLACE OF DEATH	
County Kenl	Registration Dist. No. 200
Village or City Service Servic	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME / Yarring to / Vanua	ellou
(a) Residence: No. Jeogus place of abode)	MC St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (1936)
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22-7
(or) WIFE of	1000) 1986, to the 30, 1936
6. DATE OF BIRTH (month, day, end year) / 8//	I last sew h alive on
7. AGE Years Mogths Days If LESS than I day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade authorion or particular	Carlero Sclerses Date of onee
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (months and	
10. Date deceased last worked et this occupation (month and year) 11. Totel time (yeers) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Largelow Red	Other Contributory Causes of importantel
(State or country)	
13. NAME LEWES / Hamellon 14. BIRTHPLACE (city or town) Pris la Comme	
I4. BIRTHPLACE (city or town).	Name of operation Dete of
	What test confirmed diegnosis? Wes there en eu'opsy?
E Sunt William	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Harry / Varuelive (Address) Bearcelow Will	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1). BURIAL, CREMATION, OR REMOVAL Personnelly Connecting Date Jan 2, 183	Menner of injury
19. UNDERTAKER Shur F Callage (Address) Callen Ind.	24. Wes disease or injury in eny wey related to occupation of deceased? If so, specify
20. FILED Jan 2, 1937 Geo, R. Jones Zocal Registrar.	(Signed) (Ardress) Arthur Conception M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were a follows:	Date of onset	
Arteriosclerosis JAECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUMEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

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See instructions on back

TION is very important.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	2703
1. PLACE OF DEATH County Xew Co. 1		Registration Dist. No.	
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. Sustember 1	yrs mos	No. St., If death occurred in a hospital or institution, give its NAME instead of street and no. 2 des. How long in U.S. if of foreign birth?	sds.
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, N	ARRIED, WIDOWED,	21. DATE OF DEATH Dec. 22,	193 6 (Year)
5a. if married, widowed, or divorced HUSBAND ot (or) WIFE ot 6. DATE OF BIRTH (month, dey, end year) Hell. 7. AGE Years Months Days 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased jest worked et this occupation (month and	if LESS than I dey, hrs. or min.	22. 1 HEREBY CERTIFY, Thet I attended	, 19.2£
time total partie till and the	al time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Russel C (State or country)	ř.	Other Contributory Causes of importance:	
13. NAME Pen. W. Deigr 14. BIRTHPLACE (city or town) Och (State or country)	nani	Name of operation Dale of What test confirmed diegnosis? Was there an a	utopey?
15. MAIDEN NAME Many &, Cut 16. BIRTHPLACE (city or town) (State or country)	molf.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following Accident, sulcide, or homicide?	:, 19

17. INFORMANT _ (Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Registrar.

Menner of injury Nature of injury. 24. Wes diseese or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	, 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN & 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUMBAU V. S.				
Activity and the second of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
ADDITIONAL	STACE	run	FURIHER	SIMITMENTS	DI	PHISICIA	T.A.

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 0 1937	July 5, 1927	Peritonitis	3 days ago
BUMEAU V. S.		Control of the Contro	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

				12705
ATE	OF	MARYLAND-CERTIFICATE OF	DEATH	10106

	CERTIFICATE OF DEATH
County Court	Registration Dist. No. 200
Village or City Olivet Tyell	NoSt.,War death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn birth?yrsmosd
(a) Residence: No. Olivet 74ill (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OLE, 4 (4) 1936 (Yeer)
a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Tobert Johnson	22. I HEREBY CERTIFY, That I ettended decessed from 72, 1936 to Dec. 4 1936
DATE OF BIRTH (month, day, and year) May 28, 1881	liast saw har aliva on Ree 3, 1936; daeth is sa
AGE Yaars Months Days If LESS than 1 day,hrs.	to hava occurred on the date stated above, at 10:16 V m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8 Trada profession or particular	Chronic methrilis with bate of one
kind of work dona, as SPINNER, Comestie Survey SAWYER, BOOKKEPER, etc. 9. industry or business in which work wes dona, as SLIK MILL, SAW MILL, BANK, atc 10. Date daceasad last worked at this occupation (month and	Berebal humanlige norn
10. Date daceasad last worked at this occupation (month and year) 11. Total time (years) spent in this year) 000 years	
2. BIRTHPLACE (city or town) Galeria Add. (Stata or country)	Othar Contributory Causes of importenca:
13. NAME Alfud Carroll, 14. BIRTHPLACE (city or town). Olivet Hill	
14. BIRTHPLACE (city or town) Olivet Hell	Name of operation Dete of
(State or country)	What test confirmad diagnosis? Was thara an eulopsy?
15. MAIDEN NAME Emma Peaker 16. BIRTHPLACE (city or town) Lalena (Stata or country) 7. INFORMANT Charity Ariscoe (Addrass) Lalina	23. if daath was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Data Dea. 8 , 1936	Menner of injury
9. UNDERTAKER Sarah D. Alloores (Address) Addletown, Rel	24. Was disaasa or injury in any way related to occupation of dacaasad2
10. FILED Oct, 7, 1936 Geo. R. Junes. Registrar.	(Signed) OR Style Mehmont M. (Address) Chistertown We

r, 2411 N. Charles Street, Baltimore, Requesting "O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis DEC 14 1936	3 days ago
Other contributory causes of importance: Gallstones	May 1,1928	Other contributory causes of importance:	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
T T	HIS	pe	pe	Jo
KVE	[T-]	plnor	may	back
N N	N	150	t it	по
K	C	AGE	tha	ons
Z	DIV		80	ucti
2	FA	lied	ms,	str
A P	D	ddn	ter	e ir
	LH	ly s	lain	S
	WI	luja	in p	int.
	K,	car	H	orta
	E	pe	EA	imp
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ó	1	-	-	-

N. B.-WRITE PI

V. S. No. 1

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12706
1. PLACE OF DEATH	92:01
County Keut	Registration Dist. No. 449
Village or City Rock Hall	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Clara Mae Judefinel	If U.S. Yeteran specify WAR
(a) Residence: No. Rock Hall (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Muricel	21. DATE OF DEATH (cc. /8 193 (co.) (Month) (Day) (Year)
Sa. If married, widowed, or divorced	(month) (bay) (16a1)
HUSBAND of Charles Judefind	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Jan. 13 1872	I last saw h_er alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et. 4.30 R.m.
64 11 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) spent in this occupation.	Thron, Browchitis chron Euclo-My or architis Cardsas Jastune Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) hud	
13. NAME Peter Reynolds	
13. NAME Peter Reynolds 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna ?	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homloide?
17. INFORMANT low areas Indeland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place TORY MAJEL Date DIC 20, 1836	Manner of injury
19. UNDERTAKER AND	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 22 20, 1936 MARA TO DE SINGLES Registrar.	(Signed) Must a. Aurgued M.D. (Address) 120clettule al

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 1901	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12707
1. PLACE OF DEATH	(2)
County MenT	Registration Dist. No.
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	. / / 2. ds. How long in U.S. if of foreign birth?
2. FULL NAME MARGARET WoodA 22 /	Tac Cauley
(a) Residence: No. GALENA, Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of	December 5, 1936, to December 6, 1936
6. DATE OF BIRTH (month, day, and year) October 16,1923	I lest saw her alive on December Ce 19 36; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et 1046 Pm.
13 1 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	Chroni + subscute appendicitis Date of onset
kind of work done, es SPINNER, Student	Paritonitis 37 12-6-36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and pear) occupation control occupation occupation	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) State or country) (State or country)	X
13. NAME S. Herman MacCauley	
	Neme of operation Appendectony Dete of Dec. 5.18
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Cperation Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
D.)4.	Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town) DACCUMORE (State or country) Md	Where did injury occur?
Hospital records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Kent+ Queen FANN'S - Chester town, Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Galena am. Date Ilu 9, 1936	Nature of injury.
19. UNDERTAKER Marine Williams (Address) Sheet at Many Many Idad	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Lee ? , 19.36 N. V. Sticks Registrar.	(Signed) alloide M.D. (Address) Chestertown, Md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	ADDITIONAL SPACE				
Following	operation, p	ationt	dove) aped	SUMBTANS	OF AN DIRIT-
whelming	peritoxitis a	vd died	11:41:3	6 Laure	Toolinida
4:00.00	f Actual cause	- J->+1	11 to 11	1 1	The CALLE
ECHON DSEA	+ ACCOAL CAUSE	of death	NOT ESLABC	es he a	

A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING TION is very important. See instructions on back of certificate. FOR MAY, WITH UNFADING INK-THIS IS MARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLA

V. S. No. 1 ä

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should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10:
County Kent	Registration Dist. No 202
Village or City Chester Form R. F. W.	No. St., Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Masy Magrogan	
(a) Residence: No.	St., Ward.
(Usual Mace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE-	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE- OR DI CONTRE the word)	21. DATE OF DEATH Wee. 16, 1936
50 16 married widowed for diversal	(Month) (Day) (Year)
5a. If married, widowad or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
(a) med po	Mar 7 1 - 1936, to 180 16 19-36
6. DATE OF BIRTH (month, day, and year) July 9, 1845	I last saw h. EV alive on ACC 16 ,1936; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 4.50 Pm.
9/ 5 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNED	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7r/11/11/1
9. Industry or business in which work was dono, as SILK MILL, SAW MILL, BANK, etc.	A Party
U 10. Date deceased last worked at	My po Of a fle Villutioner oct 1.
this occupation (month and 2/186) spent in this occupation	Sovar preumonia. Duration, one week. 6
TO PURTURE LOT (-ill and to)	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1510120 2001 12 acres
II I3. NAME UM MASSOCIA	from
14. BIRTHPLACE (city or town)	Name of operation. Notel Date of
4 14. BIRTHPLACE (city or town) (State or country)	V.
15. MAIDEN NAME Que Apillon	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (A)OLENCE) fill in also the following:
15. MAIDEN NAME Que Mellon 16. BIRTHPLACE (city or town) — Included the complexity of the complexity o	100
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
mas Samuel Shaw	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT MARCHAELE AND READ (Address) Chesterton h. D. R. 7.0	TA
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Church Hell, M. Date 12/19 9, 1936	Nature of injury.
19. UNDERTAKER Ralph H Scripling	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20 FILED Dec 18 1936 QU T Sticks	(Signed) Spales, Dulle M.D.
20. FILEBOOK Registrar.	(Address) Alexander Asia
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12709
1. PLACE OF DEATH // A	
County Kent	Registration Dist. No. 202
Village or City Cheslerton	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11 . # 1 711	ds. How long in U.S. if of foreign birth?
2. FULL NAME / Yennella U. Mai	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. MARRIED, (write the word)	21. DATE OF DEATH LOcc. 2/, 1936 (Month) (Day) (Year)
Sa. If marriad,	
(or) WIFE of R Maul	1 HEREBY CERTITY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Nov. 4-1862	1996, 10 026.21, 1996
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw her aliva on Dec. 21, 1936; death is said to have occurred on the dete stetad above, at 11.45 (2000)
744 / 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	wara as follows:
kind of work done, es SPINNER, Housewife	Myocar dais-11. P.
9. Industry or business in which	sile of Conson On Ton 5 1/122
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and	ies - Busine L'Actoria
Spell (III (III)	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
1 00 +4	
14. BIRTHPLACE (city or town) Challes (State or country)	Name of oparation Data of
	What tast confirmed diagnosis? Wes there an autopsy?
	23. If daeth was due to extarnal causas (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
1 B + B / 11	Whara did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Chester Cemeley Data 12/23, 1936	Nature of injury
19. UNDERTAKER Ralphy Hailton (Address) Chestulone Inc.	24. Was discess or injury in any way raleted to occupation of deceasad?
20. FILED Lec 23, 1936. W.J. Tricks. Registrat.	(Signed Larry F. Dodd M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	REC	Д.	Exac
THE WALL WEST AND THE WALL WAS A STATE OF THE WALL WAS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TOTATO T	IS A PE	stated E	properly
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B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12710
1. PLACE OF DEATH	(9)
County Kent	Registration Dist. No. 201
Village or City Locust Grove	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leonal Lourence So	afefo If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from DECPA, 1986, to Dec 127, 1986.
6. DATE OF BIRTH (month, day, and year) apr 6 1936	I last saw has a solive on see 12, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
8 6 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
9 Trade profession or particular	were as follows: Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Α
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Convilsions.
10. Date deceased last worked et this occupation (month end spent in this	Crimery Sauce of the convilsions . Unknown.
year) occupation occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Leleware treputal Minning	Tue
(Stete or country) Relegione	unknown.
13. NAME Laurence / Lapp	
13. NAME Lawrence & Salato 14. BIRTHPLACE (city or town) Clarytyn	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Cliqubeth Well 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Louis Give	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Farrence H Sapp (Address) Francisco Such	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Churchbulls, gate blec 15, 19 6	Nature of injury
19. UNDERTAKER 3R Fellows O	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Still Could will	If so, specify
dor 15 30 Michaelo.	(Signed) Ta Tillavel M.D.
20. FILED Registrar.	(Address) Stitt Fond.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Data of open Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago MILLIPATI V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12711
1. PLACE OF DEATH	1940
County Kent	Registration Dist. No.
Village or City Rock Hall	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a nospital or institution, give its NAME instead at street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William U. Scoone	
(a) Residence: No. Rock Hale	St., Ward.
(Usual place of abode)	If nonresident give city nr town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mile Hell widowed.	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Ella Scoore	22. I HEREBY CERTIFY, That I attended dacaasad from
ida scoric	Qec 11 ,1936, to acc 19 ,1936
6. DATE OF BIRTH (month, day, and year) Febr. 10. 1856	I last saw h wie aliva on the 18 , 1986; daath is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at 9 45 7 m.
80 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	all age
SAWYER, BOOKKEEPER, etc	doron. Endo-hyocardilis
work was done, as SILK MILL, SAW MILL, BANK, etc.	Sufected foot 1935
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Kunt County	Other Contributory Causes of importance:
(State or country)	,
13. NAME James Scoone 14. BIRTHPLACE (city or town) and Known	
4 14. BIRTHPLACE (city or town) and Kuronia (State or country)	Name of operation July 102 Date of 12-112-136
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) wat Known	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT mon Joines Rosbetale	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Mally Mally Date 20.20.1936	Manner of Injury
19. UNDERTAKER ON A HARMAN (Address)	Natura of Injury 24. Was disease or Injury In any way related to occupation of dacaasad?
20. FILED HER 2.6, 193 to Mile, 10. Duriding Registrat.	(Signed) Albert G. Burgard M.D. (Addrass) Rockettall Med
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 4	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU	1		
Other contributory causes of importance:	Water Barrier	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County Sereh	Registration Dist. No. 200
(h)	No
2. FULL NAME William Heavy Jee (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) C Markied	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cliza Species 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	22. I HEREBY CERTIFY. That I ettended decaasad from 1936, to Occ 32, 1931. I last saw h alive on 1936; death is sat to have occurred on the date stated above, at O 2 m. The PRINCIPAL CAUSE OF DEATH and related gauses of importence
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BO OKKEEPER, atc 9. Industry or businass in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc 10. Date decasad last worked at this occupation (month and spant in this occupation)	were as followed levane of Mefiliantes Date of one
12. BIRTHPLACE (city or town). Chestertown (State or country)	Othar Contributory Canses of Importance: / Heart
I 13. NAME Therry Spencer	allan
14. BIRTHPLACE (city of town) Near Rheslestand (State or country)	Name of operetion Date of What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Violet Spencer Thomas	23. If daath was due to axtarnel causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 404 Mass St. Phila Pa 18. BURIAL, CREMATION, OR REMOVAL Place Union Town Ind Date Dec 26, 1926	Manner of injury Natura of injury
19. UNDERTAKER John a. Tobin and Son D. (Address) Millington, md	4. Was disease or injury in any way related to occupation of deceesed?
20. FILED Dec 26-, 19 8 b telestitt Brice	(Signed) Address Perinsphore

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FHRTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUL	LOU	LOUINER	SIMILMIENTS	DI	THIGIOIMA

1	n of inforould state	
	Every iter MANS sh	
	ECORD. 1 PHYSIC ract state	
ING	INENT R. CTLY. sifted. Ex	
R BIND	A PERMied EXA	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
RESER	AGE shouthat it mions on ba	
MARGIN	UNFADI supplied. n terms, so	
7	r, WITH carefully series plain ortant. Series	
	hould be OF DEAT	
V. S. No. 1	-WRITE mation s CAUSE TION is	
N. S.	z (T)	

ts 57	1. PLACE OF DEATH	(131)		
ould	County / Years	Registration Dist. No. 202		
e	Village or City 312 College are, Chufulin	ND. St., Ward		
70 0		death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residance in city or town where death occurredyrs,mos	ds. How long In U. S. if of foreign birth?yrsmosds		
YSICIAN	2. FULL NAME Sabelly are Shuis	Lehis If U. S. Veteran, specify WAR		
SI	(a) Residence: No. Chul whom Manylan	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
K.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
7-9	1- let Widned	(Month) (Day) (Year)		
X A C T I	5a. If married, widowad, or divorcad HUSBAND of	22. O A HEREBY CERTIFY. Thet I ettended deceased from		
A	(or) WIFE of Cligan Shirklin Dr.	Dept. 30 1936 10 Dec. 25# 1936		
d EX	6. DATE OF BIRTH (month, day, and year) Aug. 28 1855	Hest saw h & alive on Dec. 25- 1936 death is sain		
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. A.m.		
ope tific	3 2 2 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importence		
pr pr cer	8 Trade profession or perticular	wera as follows: [Diltresclessis and Date of open		
be of	kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	nethritis, and unual 5		
ld ay ck	9. Industry or business in which work was done, as SILK MILL.	Recline mr.		
m m ba	SAW MILL, BANK, etc.			
so that it may be propertions on back of certific certifi				
GE	yaar) 1926 occupelion	Other Contellutory Cauges of Importanca;		
A So 1 etio	12. BIRTHPLACE (city or town) Chutuling	Simility		
	(Stata or country) / Cont Co. Manyland	0		
illy supplied plain terms, See instru	14. BIRTHPLACE (city or town) Baylinia			
sup in te	14. BIRTHPLACE (city or town) Ballimin	Neme of oparetion		
la la in	(Steta of country) Mary Minds	What tast confirmed diegnosis? Wes there en eutopsy?		
carefully TH in pla ortant.	15. MAIDEN NAME Uniform. 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:		
be careful EATH in primportant.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19		
ld be car DEATH y import	X (Stete or country)	Whara did Injury occur?		
	17. INFORMANT June Struklin	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
should OF D	(Address) Chestertoin Ind.			
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
	Place Musiking Come. Date Wiss. 21, 1934	Nature of injury		
mation s CAUSE TION is	19. UNDERTAKER Maring b. Williams	24. Was disease or injury in any way related to occupetion of decaased?		
HOH	(Address) Chetwin marriand	If so, spacify		
(2)	20. FILED blee 27 1936 W.J. /Lecks	(Signed) And frey achmond M.		
	Registrar.	(Address) Olistertoron, M.L.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10 .- The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923		1

V. S. No. 1 N. B.—

1. PLACE OF DEATH		(1.2)	0113
County Cent		Registration Dist. No. 20	2
Village or City Chesles	and, new	No. Kent & Sceen Comes Schost I death occurred in a horpitation institution, give its NAME instead of street and n	ward ward
Length of residence in city or town where	death occurred 28 yrs. 7 mos	ds. How long in U.S. if of foreign birth?mo	sds.
2. FULL NAME Alad	yo Ellera	Jucker +	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	21
Temale While	married.	(Month) (Day)	(Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of R	Tueber	22. Nec. 11 1936 to 12.17	deceased from
5. DATE OF BIRTH (month, day, and lear)	prel 26 1908	I last saw her alive on New 17 19.36	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1.53p.m.	
28 7	2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Henry Will	Ind I Dist	ple 9
SAWYER, BOOKKEEPER, etc	Nouse work	Sheary & Melf heller; due to	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	own home	and unfluenz Wattack, for we	has
10. Date deceased last worked at this occupation (month and year) 12-10-36	11. Total time (years) spant in this occupation	Deveation: two weeks.	eut ex
12. BIRTHPLACE (city or town)	Kent County and	Other Centribatory Causes of importance:	Ver. 1
(State or country)	J '	Inflying . Myclion	1936
	irs	from prolonger thead Pa	1
14. BIRTHPLACE (city or town)	een armes Co.	Nyame of operation Date of	
(State of country)	md	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Katie I	Dicherson	23. If deeth was due to external causes (VIOLENCE) fill In also the following	:
16. BIRTHPLACE (city or town)	cut CD,	Accident, sulcide, or homicide? Date of injury	, 19
∑ (State or country)	ma.	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT Mus aller	tall md	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hosley Chape	Prox 820 20,036	Menner of injury	
19. UNDERTAKER Address)	frad mil	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED blee 19, 19.36	W.J. Tricks.	(Signed) Jacob M Smith	

CTATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AL	DITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	CERTIFICATE OF DEATH 12715
1. PLACE OF DEATH	940
County /em	Registration Dist. No. 2
Village or City Man & Manualy villa	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance In city or town whera daath occurredyrsmo	
2. FULL NAME Mrs. Thomas Van U	If U. S. Veteran, specify WAR
(a) Residence: (ohan) Chamelywell (Usua) Gazare of abode)	A. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word)	21. DATE OF DEATH (lec. /6 ,193 34 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
a a supply	One 15 , 1906, to loss, 1946
6. DATE OF BIRTH (month, day, and year) July 30 186 4 7. AGE Years Months Days If IESS than	I last saw harman alive on 1925; death is said
77 E 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Kungling 1936
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, atc	Angina Politoris 140xx
10. Date deceased last worked at this occupation (month and per 1936 spent in this occupation light)	
12. BIRTHPLACE (city or town) Quarker York (State or country)	Dthar Contributory Causes of Importance:
13. NAME Prehand Pranis	
14. BIRTHPLACE (city or town) - Kust Cu-	Name of operation Date of
(day and	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Isabelle Johns	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Kent &c. md.	Accident, sulcida, or homicida?
State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Missiers Van Dyker (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Pleca Shuserbury Cam. Deta Mes. 18, 1936	Natura of Injury
19. UNDERTAKER Mayrin 6. Williams (Address) Michigan Mand	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Dec18 , 1954 & Medaula	(Signed) Mush Bree M. D.
Registrar.	(Address) Mullington Mid.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1937	July 5,1927	Peritonitis	3 days ago	
BUNEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

ould stat	1. PLACE OF DEATH	(2) (2)		
DOC OCC	County Kent /	Registration Dist. No.		
3	Village or City Lott and	NoSt., Ward		
0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
N. sent	Length of residence in city or town where deeth occurred yrs	ds. How long in U.S. if of foraign birth?yrsmosds		
CIA	2. FULL NAME Walton J. Wharlow	If U. S. Veteran, specify WAR		
PHYSICIANS ict statement	(a) Residence: Np. 40th (Musiplace of abode)	St., Ward. If nonresident give city or town and State		
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) STATE OF THE PROPERTY OF	21. DATE OF DEATH / 2 // 193 4 (Month) (Day) (Yant)		
A C T I	5e. If married, widowed, or flyorced HUSBAND of (or) WIFE of Susan E. Whiteloch	22. I HEREBY CERTIFY, That I attended dacaased from		
cla .	6. DATE OF BIRTH (month, day, and yeer) 11/21/ 1848	I last saw haria elive on Kac 104 , 19,35 ; daath is sei		
stated E properly certificate	7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the dete stated above, et 4459e.m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:		
be stope of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of o		
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
0 4 6	10. Data daceased last worked at this occupation (month and year)			
So	f2. BfRTHPLACE (city or town) houth Carlina (State or country)	Other Contributory Causes of Importance:		
supplied n terms, ee instru	& 13. NAME Thomas y. Wharton			
upp ter	13. NAME Phomas 4. Wharlow 14. BIRTHPLACE (city or town) Morth Carlina (State or country)	Neme of operation.		
y sul ain t See	(Stete or country)	Whet test confirmed diagnosis?		
carefully supplied. 'H in plain terms, ortant. See instru	15. MAIOEN NAME Onelvina R mac Donaly 16. BIRTHPLACE (city or town) Morth Carlina (State or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:		
call l'H	[State or country]	Accident, suicide, or homicide?		
hould be carefu OF DEATH in j	17. INFORMANT Gilbert Warton (Address) Fort and			
460	18. BURIAL, CREMATION, OR REMOVAL DEC.	Mannar of injury		
M .=	Place Townsund Centers Oate 12/13/,1936	Nature of injury		
mation s CAUSE TION is	19. UNDERTAKER J. Justin Daniels	24. Was disease or injury In any way related to occupation of deceased?		
	(Addrass) Johnson Dela	If so, specify		
-	20. FILEO Dec, 12-, 19 36 Merrilly Once	(Signed) M. (Address) Auge Company		
1 1 3				

(ARGIN RESERVED

FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis FECE VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURPATI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	-------------------	----	-----------

	34 74
·	Registration Dist. No. 28
Loud	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
ce Elizabeth	Mula If U. S. Veteran, Specify WAR
	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	hlee / 5 , 193 6
	(Month) (Day) (Yaar)
	22. HEREBY CERTIFY, Thet I attended deceased from
	Mediano 19
1) Llec 9 1936	I last saw h-22_ aliva on; death is said
nths Days If LESS than	to heve occurred on the date stated above, at 4. A.m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:
1 0 101111111.	were es rollows:
VER,	
	Doc't
L,	Primaline Birth Wing to
11. Total time (years) spent in this	V. remanus
occupation	
till tound	Other Contributory Causes of Importance:
ma	Syphilletie Mollier.
mot Mil-an	
Both	Wiler my Crestiment
- Leweston	Name of operation
in The B	Whet test confirmed diegnosis? Wes thera an autopsy?
il Meson	23. If death wes due to external causes (VIOLENCE) fill In also the following:
Coleman Keil	Accident, suicide, or homicide?Date of Injury19
me	Where dld injury occur?
Kay Milson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
ll Dond med	
10 11= 11	Menner of injury
on Date Alee 15, 1981	Nature of injury
- ollar vo	24. Was disease or injury In any wey related to occupation of deceased?
O Pous mix	If so, spacify
med all	(Signed) News / Sux little on M. D.
Registrar.	(Address) Chestuleum Mid
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-,	, -p Commen deriver, Danismore, Acquesting U. J. 170. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			0.20

	1 + te !	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0110
	state UPA-	1. PLACE OF DEATH	59	
		County Sour	Registration Dist. No. 34	3
nj.	should of OCC	Village or City Linea Heck	No Tock Have I'll st	Ward
		/ (If	death occurred in a hospital or institution, give its NAME instead of street and n	number)
	nt NS	Length of residence in city or town where death occurred P8 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
	D. Every YSICIANS statement	2. FULL NAME Celarles DELge	Model W. S. Veteran, specify WAR	
	SIC SIC	(a) Residence: Nothern Jacon mean has	Soll Ward.	
		(Usual place of abode)	If nonresident give city or town and	State
1	REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	REC r. J Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102 6
75	E L	male white manual	(Month) (Day)	(Year)
ž	A C T Jassified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. () HEREBY CERTIFY/That attended	deceesed from
DI	(A) A ((or) WIFE of Claren Coleman	Jour 1938, 10 De 4	19
BIND	CX	6. DATE OF BIRTH (month, day, and year) Jaco 1. /1868	Wast saw blan alive on Ale 4 1936	: death is seid
M	D	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at le state m.	
OR	IS A I stated proper	-68 11 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	,
F	IS sta pro		ware as follows:	Date of onset
Q	HIS be be of	8. Trade, profession, or particular kInd of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Alrenera.	1003/
VED	ould may back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month which spant in this	acute neto arintiso	
J.E.	K—T hould may back	SAW MILL, BANK, etc.	/	
RESER	INK S sh t it on			
RE	IG I AGE that ons	yaar) occupation occupation	Other Contributory Causes of importance:	0
Z	DING. AGs to the	12. BIRTHPLACE (city or toys) Sued Cook Name		Mu. 3.
RGIN	ed ed	(State or country) Sum Farm Kent & my	Mrsnig Mynarallis	1 m
1R	UNFA supplied n terms, ee instr	13. NAME Charles Justes Work	und Distetus	
7	D a t a	7 14. BIRTHPLACE (city or town) Meddelaw 12.	Name of operation Dete of	
	ITH illy si plain	(State or country) Secul by. m.	What test confirmed diagnosis? Was thara an a	utopsy?
	r, with carefully fH in pla ortant.	I 15. MAIDEN NAME LICE TO Drage	23. If death was due to external causes (VIOLENCE) fili in also the following	:
	he careful be careful EATH in p	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
	Al be ca DEATH	S (State or country)	Where did injury occur? (Specify city or town, county and State	(e)
		17. INFORMANT May Larin Wood	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
	E PLA should OF D	(Address) . Rock It all		
	E w E s	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
1		Place III Carry Magnet Data & Till, 1996.	Nature of injury	
1	WRIT mation CAUS FION	19. UNDERTAKER SUM: H. STOND	24. Was disease or injury in any way ralated to occupation of decessed?	
No.		(Addrass) Church Hill mo	If so, spacify	1
V2		20. FILED Decl. 7., 1936 Mrs. T. B. Darreding	(Signed)	M. D
>	Z	Registrar.	(Address) Augustato2	

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